

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 03/20/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 03/22/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TWC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOXY MOUNTAINM H/DD/SAS	8505	104	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	120	149	29
		8800	6	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8599	1814	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	316	DUPLICATE OF CLAIM-SYSTEM	129	3035	14725	11690
		8517	217	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	738	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	169	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1350	5187	3837
		8329	127	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404912	CATAMBA COUNTYM ENTAL HEALT	8931	243	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	235	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	314	669	2622	1953
		8505	51	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404913	MECKLENBURG COM ENTAL HEALT	8599	1219	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	1004	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	1254	4542	13181	8639
		8933	676	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIALOR HEAL	8505	1000	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8517	223	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	2	1453	2628	1175
		21	71	DUPLICATE OF CLAIM-SYSTEM				

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3404917	CENTERPOINT HUM AN SERVICES	8599	140	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	127	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	140	472	2047	1575
		21	92	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	27	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	36	121	1224	1103
		11	23	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1971	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	229	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	61	2441	6016	3575
		191	95	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASWEL L AREA MH D	8505	72	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	31	DUPLICATE OF CLAIM-SYSTEM	0	133	204	71
		5404	18	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	8505	1964	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	640	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	16	3274	4445	1171
		3312	185	PRIOR AUTHORIZED DOLLARS EXCEE DED				
3404922	THE DURHAM CENT ER	8505	3590	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1246	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	4891	5326	435
		8329	46	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	VGFW AREA AUTHO RITY	120	49	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		11	19	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	106	750	644
		8505	18	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

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3404925	SANDHILLS CENTE R FOR MH/DD	8505	2010	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	372	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	47	3138	7870	4732
		21	366	DUPLICATE OF CLAIM-SYSTEM				
3404926	SOUTHEASTERN RE G MENTAL HL	21	2275	DUPLICATE OF CLAIM-SYSTEM				
		11	213	CLIENT NOT ELIGIBLE ON SERVICE DATE	75	3294	7220	3926
		8599	206	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	949	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	172	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1140	1154	14
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929	LEE HARNETT MH/ DD/SAS	11	127	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	58	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	301	587	286
		8329	36	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	2078	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	178	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2256	2273	17
3404931	WAKE CO HUM SVC BILLING OF	21	373	DUPLICATE OF CLAIM-SYSTEM				
		8599	271	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	31	1068	3891	2823
		191	130	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404932	RANDOLPH/SANOHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	484	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	27	770	3423	2653
		8800	84	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

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3404934	ONSLOW COUNTY B BEHAVIORAL H	21	171	DUPLICATE OF CLAIM-SYSTEM				
		8329	48	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA	25	361	1544	1183
		8599	41	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M MENTAL HEALTH	8505	1350	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	20	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	1406	2080	674
		8932	16	CMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404937	EDGEcombe NASH MENTAL HEALTH C	8505	451	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	17	DUPLICATE OF CLAIM-SYSTEM	0	484	1806	1322
		8599	11	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSEL	24	10	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION				
		8931	2	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	2	14	556	542
		143	1	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404939	NEUSE MENTAL HEALTH CENTER	8599	39	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	9	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	1	55	1152	1097
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	PITT CO MH/DD/S AS CENTER	8599	117	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	92	CLIENT NOT ELIGIBLE ON SERVICE DATE	33	373	1431	1058
		8329	33	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
3404942	ROANOKE CROWANNE UMAN SERVICE	21	28	DUPLICATE OF CLAIM-SYSTEM				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	7	47	285	238
		8599	3	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404943	ALBEMARLE MENTAL HEALTH CE	11	83	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		191	64	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	36	292	1672	1005
		21	24	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMAN SERVICES	11	65	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	39	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	23	166	1970	1804
		8599	17	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREA MENTAL HEALTH	11	97	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	97	97	0
3404957	TIDELAND MENTAL HEALTH CTR	8931	15	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
		8622	9	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	21	42	603	561
		11	5	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404979	NEW RIVER AREA MHD/DD/SA PRO	8505	627	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	136	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	32	819	1322	503
		8931	32	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				